

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



March 13, 1998

ALL-COUNTY INFORMATION NOTICE I-19-98

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: INTERCEPTION OF STATE AND FEDERAL INCOME TAX REFUNDS TO COLLECT DELINQUENT RESTITUTION OF AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)/CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS) OVERPAYMENTS AND FOOD STAMP (FS) OVERISSUANCES - TAX INTERCEPT PROGRAM

The California Department of Social Services (CDSS), in conjunction with the Food and Nutrition Service, Internal Revenue Service, State Controller's Office and the Franchise Tax Board will again administer a federal and state Income Tax Refund Intercept Program for Tax Year(TY) 1998. This program is designed to facilitate the collection of delinquent restitution of AFDC/CalWORKs overpayments and FS overissuances. The program has proved to be an effective collection device, with over \$9 million collected in TY 1996 from state and federal tax refunds.

For TY 1998, the operation of the Tax Intercept Program will be similar to that of previous years. As a reminder, counties are not to include any Title IV-E (Foster Care) claims in the submission for tax intercept. Also, due to the Aktar v. Anderson case, only those FS administrative errors which occurred on or after October 1, 1996, may be submitted to the tax intercept program. Food stamp administrative error overissuances which occurred prior to October 1, 1996 are still covered by the Aktar injunction and may not be submitted.

Currently the Internal Revenue Service charges an \$8.35 administrative fee for each FS offset for TY 1997. Counties are responsible for refunding this administrative fee to the client when an offset occurred as a result of a state or county error. Counties should claim these administrative fees to Program 210, Non-Assistance Food Stamps (NAFS), as Operating Costs-Other Operating Costs at 50 percent Federal share, 35 percent State share, and 15 percent County share.

All County Welfare Directors  
Page Two

This applies to all FS debts, not just NAFS. Counties should follow the same procedure for receiving reimbursement for TY 1996 administrative fees paid.

Criteria for submission of accounts for the tax intercept program are contained in Division 20-400 of the CDSS Manual of Policies and Procedures. This letter provides the following: A timetable of activities (Attachment 1); Participation Agreement (Attachment 2) which must be completed in order to intercept TY 1998 federal and state income tax refunds; and automated and paper county record layout criteria (Attachments 3 through 7).

As in the past, this program is voluntary. If your county plans to participate in the Tax Intercept Program, please complete Attachment 2, "Participation Agreement," by **April 1, 1998**, and return it to:

California Department of Social Services  
Fraud Bureau  
Attention: Intercept Coordinator  
744 P Street, M.S. 19-26  
Sacramento, CA 95814

Because of the effectiveness of the Tax Intercept Program in aiding in the collection of AFDC/CalWORKs overpayments and FS overissuances, the Department encourages all counties to participate. If you have any questions or comments, please contact Cindy Pharis, Tax Intercept Coordinator, at (916) 445-2123.



BRUCE WAGSTAFF  
Deputy Director  
Welfare to Work Division

Attachments

c: CWDA

## AFDC/CALWORKS/FS INTERCEPT PROGRAM: TIMETABLE

| <u>Activity</u>  | <u>Date</u>                         |
|--|-------------------------------------|
| County notifies the CDSS of intent to participate in the Tax Intercept Program by submitting Attachment 2.   | April 1, 1998                       |
| County sends Attachment 6 and county restitution account information to the CDSS.  | May 1, 1998                         |
| The CDSS will key enter input documents and merge edit tapes to produce statewide master tapes.  | May 4, 1998<br>through May 15, 1998 |
| Counties begin to submit modifications (deletes/changes) for TY 1998.  | May 4, 1998                         |
| The CDSS will send the IRS tape to FCS for pre-offset addresses and testing.   | May 18, 1998                        |
| The CDSS receives data back from FCS with addresses and errors.  | June 18, 1998                       |
| The CDSS will send the IRS tape to FCS for pre-offset addresses.   | June 30, 1998                       |
| The CDSS will forward master tape to FTB for pre-offset addresses.   | July 22, 1998                       |
| The CDSS receives data from FCS with addresses and errors.   | July 30, 1998                       |
| The CDSS processes modifications to update IRS and FTB files prior to mailing pre-offset notices.  | August 14, 1998                     |
| The CDSS mails the IRS pre-offset notices to individuals.  | August 31, 1998                     |
| The CDSS mails the FTB pre-offset notices to individuals.  | September 7, 1998                   |
| The CDSS will forward certified tape to FCS/IRS.   | December 1, 1998                    |
| IRS and FTB will run continuous matches against IRS and FTB master files for TY 1998.  | January 1999<br>and ongoing         |
| The CDSS will send the Weekly Report of IRS and FTB matches to the county.   | Weekly                              |
| IRS and FTB will transfer total collections to the State Controller.   | Weekly                              |
| The State Controller will send to the County Treasurer a check representing the total amount collected for the weekly period.  | Weekly                              |
| The County Welfare Department shall credit each account with the amount intercepted and record the total amount received by the county as a repayment on Form CA-812 or FNS 209. | Ongoing                             |



California Department of Social Services  
Fraud Bureau  
Attention: Intercept Coordinator  
744 P Street, M.S. 19-26  
Sacramento, CA 95814

Director's Name

Date \_\_\_\_\_

- | Name | Title |
|------|-------|
|------|-------|

Department \_\_\_\_\_

Unit/Division\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Fax # \_\_\_\_\_

- Title \_\_\_\_\_

Department \_\_\_\_\_

Unit/Division \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_



AFDC/CalWORKs/FS Tax Intercept Program: Welfare Intercept System  
Magnetic Tape and Floppy Disk Restitution Record Description

Automated Input Preparation, Magnetic Tape or Floppy Disks

Magnetic tape and floppy disks can be used to transmit "Establish" records and may be used to transmit modifications, Refunds and Voluntary Payment Change/Deletes. A standard transmittal and instructions are included (Attachment 5).

MAGNETIC TAPE INSTRUCTIONS:

File Format: Sequential  
Character Format: EBCDIC  
Medium: 9 TRACK tape 1600 BPI or 9 TRACK tape 6250 BPI or IBM formatted 3480 cartridge.  
Labels: Labeled (Standard label)  
Record Length: 300 bytes  
Blocking Factor: 1 record per block  
Documentation: A transmittal must accompany the tape/cartridge (Attachment 5). The transmittal should identify the county name and number, the number of transaction records and the density (i.e., 1600BPI or 6250BPI or cartridge). Most importantly, identify the tape as input to the welfare overpayment intercept process. Example: AFDC/CALWORKS/FS - IRS AND FTB TAX INTERCEPT PROGRAM. Please put the type of system which generated the tape (i.e., IBM, HONEYWELL, BURROUGHS, etc.).

FLOPPY DISKS:

Type of PC: IBM Compatible  
Floppy Size: 3 1/2" or 5 1/4" 2S/2D HD2  
Format: ASCII or Standard Data Format (SDF).  
Label: AOI.COXX where XX is your county number (01-58).

A transmittal must accompany the floppy (Attachment 5). The transmittal and instructions are included.

Mailing address for either tape or floppy is:

California Department of Social Services  
 Fraud Bureau  
 Attention: Intercept Coordinator  
 744 P Street, M.S. 19-26  
 Sacramento, CA 95814

Sort Key: County Number, Social Security Number for tape and diskette.

| Record Position | Field Title      | Length/ Mode | Description and Remarks   |
|-----------------|------------------|--------------|---|
| 01              | Record Type      | 1N           | <b>REQUIRED.</b> One (1) digit numeric field to indicate the type of transaction: 1=Establish; 2=Change; 3=Delete; 4=Refund; 5=Change & Vol. Payment; 6=Delete & Vol. Payment.                                    |
| 02-03           | County Number    | 2N           | <b>REQUIRED.</b> Two (2) digit unsigned numeric field. Valid values 01-58.  |
| 04-07           | Tax Year         | 4N           | <b>REQUIRED.</b> Four (4) digit numeric field to identify tax year to be intercepted. 19XX until Year 2000.   |
| 08-12           | Worker/Dist ID   | 5AN          | <b>OPTIONAL.</b> Five (5) character alpha-numeric field to identify the worker or district.   |
| 13-21           | SSN              | 9N           | <b>REQUIRED.</b> Nine (9) digit numeric field which contains the recipient's SSN. Must be greater than 001010000, less than 729000000 or greater than 750000000 and less than 764000000. <u>Must be unsigned.</u> |
| 22-36           | Case ID          | 15AN         | <b>REQUIRED.</b> Fifteen (15) character alpha-numeric field which contains the case identification number. Left justify. <b>DO NOT USE DASHES.</b>  |
| 37-44           | Delinquency Date | 8N           | <b>REQUIRED.</b> Eight (8) digit numeric field which contains the date that the account became delinquent. YYYYMMDD where YYYY is 19XX until Year 2000.   |
| 45-59           | Last Name        | 15A          | <b>REQUIRED.</b> Fifteen (15) character alphabetic field which contains the recipient's last name. Must be left justified with no special characters (i.e., hyphen, apostrophe, etc.).                            |

| Record Position | Field Title                                   | Length/ Mode | Description and Remarks  |
|-----------------|---|--------------|--|
| 60-69           | First Name                                    | 10A          | <b>REQUIRED.</b> Ten (10) character alphabetic field which contains the recipient's first name. Must be left justified with no special characters.   |
| 70              | Middle Initial                                | 1A           | <b>OPTIONAL.</b> One (1) character alphabetic field which contains the recipient's middle initial. When not used blank fill.   |
| 71-90           | Care of Name-Address                          | 20AN         | <b>OPTIONAL.</b> Twenty (20) character alpha-numeric field which contains the care of (c/o) portion of a recipient's address, if any. When not used, blank fill.   |
| 91-110          | Street Address                                | 20AN         | <b>REQUIRED.</b> Twenty (20) character alpha-numeric field which contains the recipient's street address.  |
| 111-128         | City  | 18AN         | <b>REQUIRED.</b> Eighteen (18) character alpha-numeric field which contains recipient's city.  |
| 129-147         | State/Country                                 | 19AN         | <b>REQUIRED.</b> Nineteen (19) character alpha-numeric field which contains the state name or foreign country of the recipient.  |
| 148-156         | Zip Code                                      | 9AN          | <b>REQUIRED.</b> Nine (9) digit alpha-numeric field which contains the recipient's zip code. (5+4) <u>Must be left justified.</u>  |
| 157             | Judgement Debt Indicator                      | 1A           | <b>REQUIRED.</b> One (1) character alphabetic field which contains a 'J' to indicate a judgement debt. Blank fill if not used.   |
| 158             | Filler  | 1            | <b>RESERVED for future use. Blank fill.</b>  |
| 159-167         | FTB AFDC/CalWORKs Administrative Error Amount | 9N           | <b>REQUIRED.</b> Nine (9) digit numeric field which contains the total amount of delinquent restitution. Cents are reduced to zero (i.e., \$10.60 = \$10.00). The decimal character is dropped. Decimal place must be allowed for. Right justified with preceding zeros (i.e., \$10.60 = 000001000). <u>Must be unsigned.</u> Amounts must be at least \$10 dollars. |

| Record Position | Field Title                                   | Length/ Mode | Description and Remarks   |
|-----------------|---|--------------|---|
| 168-176         | FTB AFDC/CalWORKs IPV Amount                  | 9N           | <b>REQUIRED.</b> See FTB AFDC/CalWORKs Admin Error Amount for field description.                              |
| 177-185         | FTB AFDC/CalWORKs IHE Amount                  | 9N           | <b>REQUIRED.</b> See FTB AFDC/CalWORKs Admin Error Amount for field description.                              |
| 186-194         | FTB Food Stamp Admin Error Amount             | 9N           | <b>REQUIRED.</b> See FTB AFDC/CalWORKs Admin Error Amount for field description.                              |
| 195-203         | FTB Food Stamp IPV Amount                     | 9N           | <b>REQUIRED.</b> See FTB AFDC/CalWORKs Admin Error Amount for field description.                              |
| 204-212         | FTB Food Stamp IHE Amount                     | 9N           | <b>REQUIRED.</b> See FTB AFDC/CalWORKs Admin Error Amount for field description.                              |
| 213-221         | IRS AFDC/CalWORKs Administrative Error Amount | 9N           | <b>Reserved for future use. Blank fill.</b>   |
| 222-230         | IRS AFDC/CalWORKs IPV Amount                  | 9N           | <b>Reserved for future use. Blank Fill.</b>   |
| 231-239         | IRS AFDC/CalWORKs IHE Amount                  | 9N           | <b>Reserved for future use. Blank Fill.</b>   |
| 240-248         | IRS Food Stamp Admin Error Amount             | 9N           | <b>Reserved for future use. Blank Fill.</b>   |
| 249-257         | IRS Food Stamp IPV Amount                     | 9N           | <b>REQUIRED.</b> See FTB AFDC/CalWORKs Admin Error Amount for field description.                              |
| 258-266         | IRS Food Stamp IHE Amount                     | 9N           | <b>REQUIRED.</b> See FTB AFDC/CalWORKs Admin Error Amount for field description.                              |
| 267-300         | Filler  | 34           | <b>RESERVED.</b> Thirty-four (34) character field which contains blanks for both magnetic tape and diskettes. |

AFDC/CalWORKs/FS TAX INTERCEPT PROGRAM:  
WELFARE INTERCEPT SYSTEM COUNTY TRANSACTION DOCUMENT (DPS 249)

County Data Entry Instructions:

This form can be used for inputting cases to the Tax Intercept Program, Welfare Intercept System, as well as modifying or deleting a case from the program. Also it may be used to notify IRS when a refund of an IRS intercept has been made to an individual. When inputting cases to the program, AFDC/CalWORKs and FS amounts can be placed on the same form. A separate form is required for each worker/district number if they are used.

HEADER INFORMATION

- o COUNTY CODE (2 digits, 01-58)

For each document enter the county number (Required).

- o TAX YEAR (4 digits)

Enter the year that returns will be intercepted (Required).

- o WORKER/DISTRICT NUMBER (5 characters maximum)

Worker/District number is an optional county use field to be used for additional county identification of cases. Use a separate form for each different worker/district number. Data can be entered free form in any desired format. There are no restrictions on alphabetic or numeric characters.

- o RECORD TYPE

Put an 'X' in the applicable box:

- 1 = **Establish**, to enter an account into the program
- 2 = **Change**, to modify an account already input in the program
- 3 = **Delete**, to delete an account already input into the program
- 4 = **Refund**, to notify IRS of a refund of an IRS intercept
- 5 = **Voluntary Payment Change**, to notify IRS that an individual has voluntarily set up a repayment agreement as a result of the pre-offset notice
- 6 = **Voluntary Payment Delete**, to notify IRS that an individual has voluntarily paid off their account as a result of the pre-offset notice

WE CAN NOT ACCEPT "ESTABLISH" CASES AFTER MAY 1, 1998 FOR TAX YEAR 1998. Cases determined eligible for tax intercept after May 1st must wait until the following year to be submitted.

RESTITUTION INFORMATION

1. SOCIAL SECURITY NUMBER (9 DIGITS)

Enter the recipient's Social Security Number. This field is required and must contain nine digits. The first digit cannot be '8' or '9'.

2. CASE IDENTIFICATION NUMBER (15 CHARACTERS MAXIMUM)

This is a required field to be used for county identification of cases. Data can be entered free form in any desired format. There are no restrictions on alphabetic or numeric characters, although dashes are not preferred. This is due to the numerous errors which occur when case identification numbers are submitted for changes and deletes which do not match the original submission.

3. DELINQUENCY DATE (8 DIGITS)

Enter the date that the account became delinquent. This field is required and must be in month/day/year order.

4. LAST NAME (15 ALPHABETIC CHARACTERS MAXIMUM)

Enter recipient's last name. This is a required field and must be alphabetic. Use only letters 'A' through 'Z'. Do not use special characters such as hyphen, apostrophe, blanks or spaces, etc. If a recipient has aliases, make a separate complete entry for each different last name. (IRS and FTB only uses the SSN and first four letters of the last name for matching purposes.)

5. FIRST NAME (10 ALPHABETIC CHARACTER MAXIMUM)

Enter recipient's first name. When entered, the characters must be alphabetic.

6. MIDDLE INITIAL (1 ALPHABETIC CHARACTER MAXIMUM)

Enter recipient's middle initial. This is not a required field, but if entered, must be alphabetic.

7. CARE OF NAME (20 CHARACTERS MAXIMUM)

Enter care of (c/o) portion of recipient's address, if any.

8. STREET ADDRESS (20 CHARACTERS MAXIMUM)

Enter recipient's street address. This field is required.

9. CITY (18 CHARACTERS MAXIMUM)

Enter recipient's city. This field is required.

10. STATE/COUNTRY (19 CHARACTERS)

Enter recipient's state or foreign country. This field is required.

11. ZIP CODE (9 DIGITS)

Enter recipient's zip code (5+4). This field is optional.

12. JUDGEMENT DEBT INDICATOR (1 CHARACTER)

Enter a "J" in this field to indicate if this is a judgement debt.

13. DEBT TYPE (1 CHARACTER)

This field is no longer required beginning with tax year 1998.

14-25. DELINQUENT DOLLAR AMOUNT (7 DIGIT MAXIMUM - NO CENTS)

(Fields 20-23 have been reserved for future use.)

To establish a record (Type 1):

Enter the total amount of the delinquent restitution to the nearest whole dollar (round down to the nearest dollar and drop cents. AFDC/CalWorks and FS amounts can be entered on the same form for each case. At least one of the fields has to contain an amount. A new record can not be established after May 1, 1998.

To Change a record (Type 2):

Enter the amount of the payment received by the county.

To Delete a record (Type 3):

Enter the amount used to establish the record.

Refunds (Type 4):

Enter the amount of the refund.

NOTE: This form is not to be used for the Child Support Intercept System nor are child support forms to be used for the AFDC/CalWorks/FS Tax Intercept Program.

A transmittal (TEMP1722A (1/96)) must accompany the County Transaction Documents. The necessary form and instructions are included as Attachment 5.



# WELFARE INTERCEPT SYSTEM COUNTY TRANSACTION DOCUMENT

|             |          |                      |  |  |  |
|-------------|----------|----------------------|--|--|--|
| COUNTY CODE | TAX YEAR | WORKER / DISTRICT ID | RECORD TYPE<br><input type="checkbox"/> 1=Establish<br><input type="checkbox"/> 2=Change | <input type="checkbox"/> 3=Delete<br><input type="checkbox"/> 4=Refund | <input type="checkbox"/> 5=Voluntary<br>Payment Change<br><input type="checkbox"/> 6=Voluntary<br>Payment Delete |
|-------------|----------|----------------------|--|--|--|

|              |                     |   |                    |
|--------------|---------------------|---|--------------------|
| 1. SSN       | 2. CASE I.D.        | 3. DELINQUENCY DATE<br>(month) (day) (year) / / |                    |
| 4. LAST NAME | 5. FIRST NAME       | 6. M.I.   |                    |
| 7. C/O NAME  |                     | 8. STREET ADDRESS                               |                    |
| 9. CITY      | 10. STATE / COUNTRY | 11. ZIP CODE                                    | 12. JUDGEMENT DEBT |
|              |                     | 13. DEBT TYPE                                   |                    |

|                    |     |    |     |    |    |
|--------------------|-----|----|-----|----|----|
| AFDC<br>AE         | 14. | 00 | 20. | 00 | 00 |
| AFDC<br>IPV        | 15. | 00 | 21. | 00 | 00 |
| AFDC<br>IHE        | 16. | 00 | 22. | 00 | 00 |
| Food Stamps<br>AE  | 17. | 00 | 23. | 00 | 00 |
| Food Stamps<br>IPV | 18. | 00 | 24. | 00 | 00 |
| Food Stamps<br>IHE | 19. | 00 | 25. | 00 | 00 |

|              |                     |   |                    |
|--------------|---------------------|---|--------------------|
| 1. SSN       | 2. CASE I.D.        | 3. DELINQUENCY DATE<br>(month) (day) (year) / / |                    |
| 4. LAST NAME | 5. FIRST NAME       | 6. M.I.   |                    |
| 7. C/O NAME  |                     | 8. STREET ADDRESS                               |                    |
| 9. CITY      | 10. STATE / COUNTRY | 11. ZIP CODE                                    | 12. JUDGEMENT DEBT |
|              |                     | 13. DEBT TYPE                                   |                    |

|                    |     |    |     |    |    |
|--------------------|-----|----|-----|----|----|
| AFDC<br>AE         | 14. | 00 | 20. | 00 | 00 |
| AFDC<br>IPV        | 15. | 00 | 21. | 00 | 00 |
| AFDC<br>IHE        | 16. | 00 | 22. | 00 | 00 |
| Food Stamps<br>AE  | 17. | 00 | 23. | 00 | 00 |
| Food Stamps<br>IPV | 18. | 00 | 24. | 00 | 00 |
| Food Stamps<br>IHE | 19. | 00 | 25. | 00 | 00 |

|              |                     |   |                    |
|--------------|---------------------|---|--------------------|
| 1. SSN       | 2. CASE I.D.        | 3. DELINQUENCY DATE<br>(month) (day) (year) / / |                    |
| 4. LAST NAME | 5. FIRST NAME       | 6. M.I.   |                    |
| 7. C/O NAME  |                     | 8. STREET ADDRESS                               |                    |
| 9. CITY      | 10. STATE / COUNTRY | 11. ZIP CODE                                    | 12. JUDGEMENT DEBT |
|              |                     | 13. DEBT TYPE                                   |                    |

|                    |     |    |     |    |    |
|--------------------|-----|----|-----|----|----|
| AFDC<br>AE         | 14. | 00 | 20. | 00 | 00 |
| AFDC<br>IPV        | 15. | 00 | 21. | 00 | 00 |
| AFDC<br>IHE        | 16. | 00 | 22. | 00 | 00 |
| Food Stamps<br>AE  | 17. | 00 | 23. | 00 | 00 |
| Food Stamps<br>IPV | 18. | 00 | 24. | 00 | 00 |
| Food Stamps<br>IHE | 19. | 00 | 25. | 00 | 00 |



AFDC/CalWORKs/FS TAX INTERCEPT PROGRAM  
WELFARE INTERCEPT SYSTEM (WIS) TRANSMITTAL (TEMP1722A)

Use the attached transmittal when sending AFDC/CalWORKs/FS  
submissions to CDSS

| <u>ITEM</u>      | <u>ENTER</u>   |
|------------------|--|
| 1. COUNTY NAME   | County Name  |
| 2. COUNTY NUMBER | County Number (state code 01-58)   |
| 3. CURRENT DATE  | Today's Date   |
| 4. TAX YEAR      | Tax Year being processed   |
| 5. SUBMITTED BY  | Name of person submitting documents  |
| 6. PHONE NUMBER  | Phone number of person submitting documents  |
| 7. DOCUMENTS     | Enter the total number of documents being submitted at this time. Do not combine more than one record type with the same transmittal. Only submit ten pages per transmittal. |
| 8. TAPE INPUT    | When sending a tape, indicate the tape number, type of computer that generated the tape, tape density and number of records on the tape.                                     |
| 9. FLOPPY DISKS  | When sending a floppy disk, enter the type of disk, filename(s), file size, number of records and total bytes (# of bytes x # of records).                                   |

## AFDC/CalWORKs/FOOD STAMP WELFARE INTERCEPT SYSTEM (WIS) TRANSMITTAL

NOTE: THIS TRANSMITTAL MUST ACCOMPANY ALL AFDC/CalWORKs/FS INTERCEPT PROGRAM MAGNETIC TAPES, CARTRIDGES, FLOPPY DISKS AND INPUT DOCUMENTS

|   |  |
|---|--|
| TO: CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>FRAUD BUREAU<br>744 P STREET M.S. 19-26<br>SACRAMENTO, CA 95814 | FOR STATE USE ONLY<br><br>37503/_____<br><br>E_____ V_____ |
|---|--|

|             |               |              |          |
|-------------|---------------|--------------|----------|
| COUNTY NAME | COUNTY NUMBER | CURRENT DATE | TAX YEAR |
|-------------|---------------|--------------|----------|

|              |              |
|--------------|--------------|
| SUBMITTED BY | PHONE NUMBER |
|--------------|--------------|

|   |                            |
|---|----------------------------|
| I. DOCUMENTS (Attach no more than 10 pages per 1722A) |                            |
| NUMBER OF DOCUMENTS: _____                            |                            |
| OR  |                            |
| II. TAPE/CARTRIDGE                                    |                            |
| TAPE NUMBER _____                                     | ( ) 1600 BPI               |
| NUMBER OF RECORDS _____                               | ( ) 6250 BPI               |
|   | ( ) 3480 Cartridge         |
| BLOCK SIZE _____                                      |                            |
| RECORD LENGTH _____                                   |                            |
| OR  |                            |
| III. FLOPPY/DISKETTES                                 | _____ 5 1/4 IBM COMPATIBLE |
|   | _____ 3 1/2 IBM COMPATIBLE |
| FILENAME: _____                                       | RECORD LENGTH: _____       |
| NUMBER OF RECORDS: _____                              | NUMBER OF BYTES: _____     |

TEMP1722A (1/98)

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY - CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Submit this form to:

California Department of Social Services  
Fraud Bureau  
Attention: Intercept Coordinator  
744 P Street, M.S. 19-26  
Sacramento, CA 95814

**LIMITED ASSIGNMENT OF DELINQUENT RESTITUTION**

\_\_\_\_\_ County hereby assigns to the California Department of Social Services (CDSS) those cases with delinquent restitutions for the limited purpose of allowing the CDSS to effect collection of said restitution pursuant to California Government Code Section 12419.5 for Tax Year 1998. This assignment is for the limited purpose stated and does not preclude \_\_\_\_\_ County from taking any other action for collection of these restitutions.

\_\_\_\_\_  
CWD Director's Name

\_\_\_\_\_  
CWD Director's Signature

\_\_\_\_\_  
Date

**CERTIFICATION OF CORRECTNESS OF DELINQUENT RESTITUTION**

I, (Name) \_\_\_\_\_ declare that I have supervised the compilation of the list of delinquent accounts submitted to the California Department of Social Services and I am informed and believe that each listed individual has been identified by the correct Social Security Number, that the County has the "right of recovery," as defined in the regulations (CDSS MPP 20-400), the ACL Checklist was reviewed (Attachment 7), and that the amount of total restitution owed is correct.

I declare under penalty of perjury that the foregoing is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 1998, in the

County of \_\_\_\_\_, California.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title



CHECKLIST OF ALL COUNTY LETTERS TO BE REVIEWED  
PRIOR TO SUBMISSION OF CASES FOR THE TAX INTERCEPT PROGRAM

AFDC OVERPAYMENTS:

1. All cases:

A. All-County Letter (ACL) 85-49 (Edwards v. McMahon)

Instruction: Ensure that all underpayments are set off against existing overpayments.

2. Cases involving excess resources:

A. ACL 87-40 (Excess property overpayments -- Cases in collection)  
(EAS 44-350.12, 352.1)

Instruction: Ensure that good faith review has been performed and that recipient was notified of result of review; if no review previously performed, review case in accordance with ACL and notify recipient; no intercept pending outcome of review. If overpayment reduced after review and prior collection exceeds revised amount, make corrective payment.

3. Cases involving lump sum payments:

A. ACL 85-67 (Stephens v. McMahon, Shaw v. McMahon)

Instructions:

- 1) Ensure that overpayment was not caused by "windfall" lump sum payment received between April 2, 1982 and August 1, 1986;
- 2) Ensure that, in determining amount of overpayment, eligibility under Shaw was considered.

B. ACL 86-90, 88-76 (Rutan v. McMahon)

Instructions: Counties must cease all recoupment activity for overpayments caused by receipt of lump sum income prior to receipt of an adequate notice explaining the lump sum rule. If the lump sum payment was received prior to November 16, 1986, there is a presumption that no such notice was sent.

4. Cases involving excess income:

A. ACL 86-44 (Noia v. McMahon)

Instruction: If overpayment arose from a loan considered as income, ensure that instructions in ACL 86-44 have been followed. (Note: In most cases, loan was received between October 1, 1985 and July 1, 1986.)

B. ACL 84-93, 85-41 (Collins v. Woods)

Instruction: Counties should not be recouping nonwillful overpayments made prior to April 2, 1982. In any such case, stop recoupment and make corrective payments of all amounts recouped after August 28, 1984.

5. Technical overpayments:

A. All County Information Notice (ACIN) I-113-84

Instruction: Review case to ensure that overpayment did not arise from "technical ineligibility" (e.g., failure to register for WIN because of county error). If case involves a technical overpayment which occurred after January 1, 1985, stop recoupment and make corrective payments of amounts previously recovered.

FOOD STAMP OVERISSUANCES

1. All County Information Notice I-46-87

Instruction: Ensure that amount of claim is determined in accordance with MPP 63-046, 63-801.111 and 63-801.311.

2. All County Information Notice I-22-97

Instruction: The Court of Appeal of the State of California issued a decision which ruled that administrative error overissuances which occurred prior to October 1, 1996 could not be collected by involuntary means. Those administrative error overissuances which occurred after October 1, 1996 may be submitted to the Tax Intercept Program.

ALL AFDC AND FOOD STAMP DEBTS

1. All County Information Notice I-65-86 (Effects of Bankruptcy on Public Assistance Overpayments).

Instruction: If a bankruptcy has been filed, consult this ACIN.